## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	3	39	OF		76
(check only one)										
×	11a		11b		11c		12			
	13		14		15		16			17

	the name and address of any political committee t			
NAME OF COMMITTEE (In Full)				
American Association of Nurs	e Anesthetists Separate Segregate	ed Fund (CRNA-PAC)		
Full Name (Last, First, Middle Initial)  1. Neal M. Maxfield	Date of Receipt			
Mailing Address 300 Badger Run Dr	03 16 2015			
City	State Zip Code	Transaction ID : 892B2686-0D04-44FE-		
Dillon	MT 59725-6535	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer	Occupation	1		
Barett Hospital and Health Care	CRNA	Ì		
Receipt For:	Aggregate Year-to-Date ▼	1		
Primary General				
Other (specify) ▼	250.00			
Full Name (Last, First, Middle Initial)  Lisa L. McKenzie				
Mailing Address PO Box 226		M M / D D / Y Y Y Y Y		
City	State Zip Code	03 05 2015		
Flat Top	WV 25841-0226	Transaction ID : 4CA1EA92-5408-43F9-		
· ·	2504170220	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	365.00		
Name of Employer	Occupation	1		
Charleston Area Medical Center	CRNA			
Receipt For:	Aggregate Year-to-Date ▼	1		
Primary General		Ì		
Other (specify) ▼	365.00			
Full Name (Last, First, Middle Initial)  C. Tom L. McKibban		Date of Receipt		
Mailing Address 3650 N Main St	03 24 _ 2015 _			
City	State Zip Code	Transaction ID : 4B099FB25D247299B4B2		
El Dorado	KS 67042-8474	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer	Occupation	1		
MId America Anesthesia Professionals	CRNA	Ĵ		
Receipt For:	Aggregate Year-to-Date ▼	Ì		
Primary General		Ì		
Other (specify) ▼	250.00			
SURTOTAL of Reseints This Boss (antisme)		865.00		
ODIVIAL OF Receipts This Page (optional)	<u> </u>	35555		
TOTAL This Period (last page this line numb	er only)			